

Name In Full

Certificate of Death

Julia A. Bishop
 Town _____ County _____

Died at

MARYLAND

Date 19 *02* *Aug 23* Month Day Y M D Age *78*
 Native of *Worcester* Occupation *housewife*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Widowed ☐ Divorced ☐ Number of children living *1*

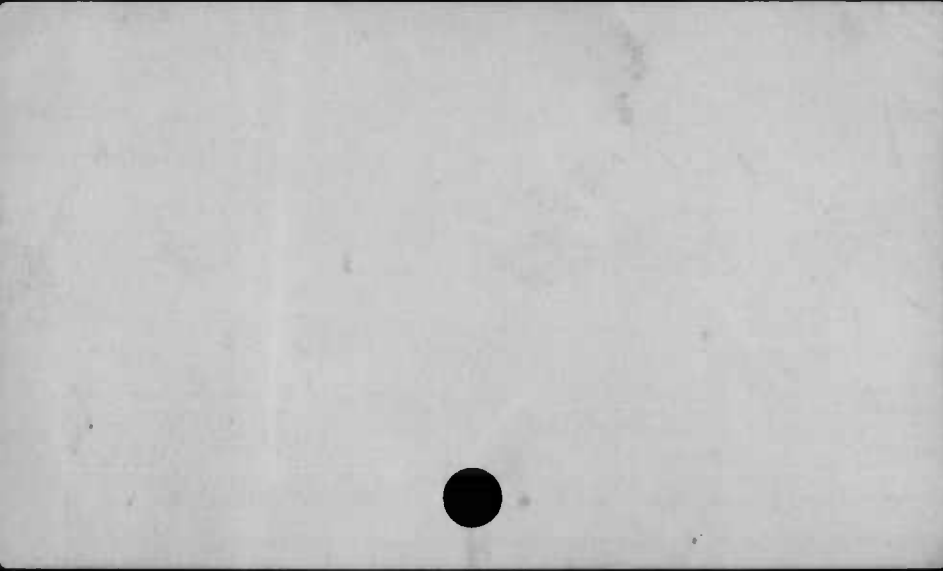
Husband of *George Bishop*
 Wife of _____
 Father's Name *Daniel Spence* Mother's Name *Leah Spence*
 Maiden Name _____

Cause of Death { Primary *Paralysis* Immediate *on brain* } How long sick *2 hours*
 Accident, Suicide, Homicide

Reported by *William S. Williams*Address *Snow Hill Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70806



Bayard Bishop

Town

County

Worcester

MARYLAND

Died at

Hockton

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

August 27

Age 65

Maryland

Day laborer

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Male~~~~Colored~~~~Black~~~~Single~~~~Widower~~~~Widow~~

Number of children living

4

Husband

of Eliza Hockton

Wife

Father's

Levin Bishop

Mother's

Phoebe Bishop

Name

Maiden Name

Cause of

Primary

Disease of Kidneys & Bladder

How long sick

1 year or longer

Death

Immediate

Insanition

Accident, Suicide, Homicide

Reported by

F. O. J. Parker

Address

Hockton,

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

William Braithwaite

CERTIFICATE OF DEATH

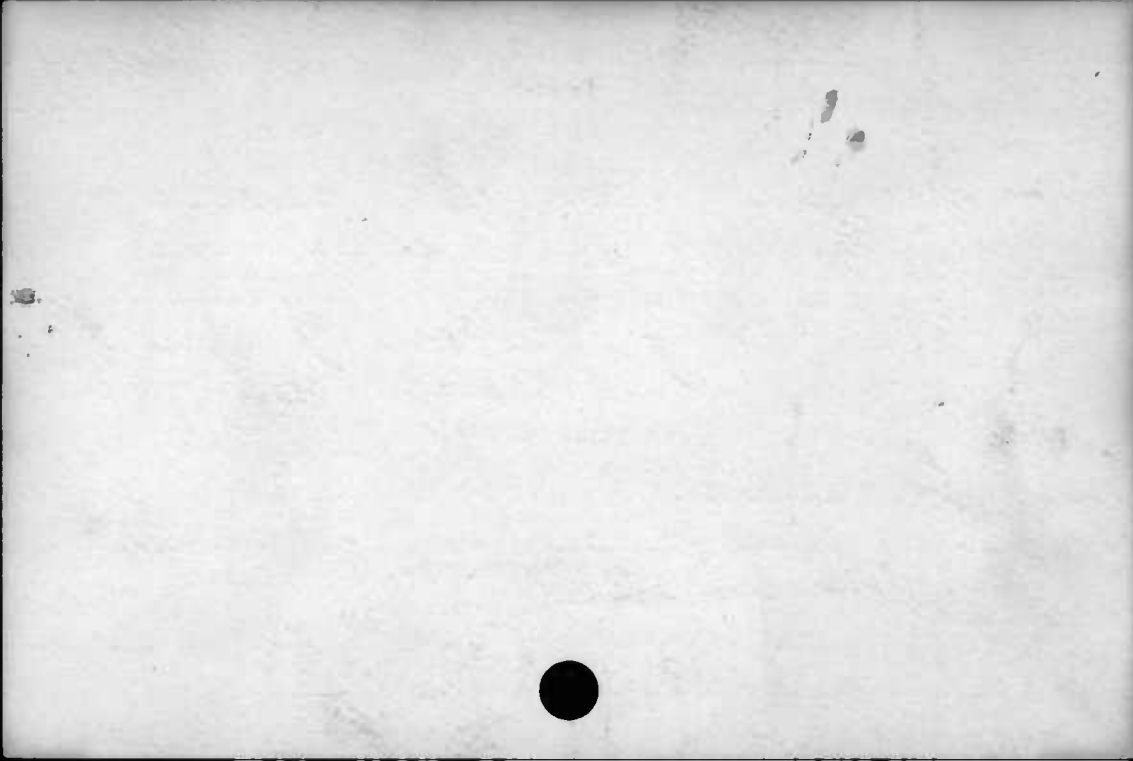
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		City		County		MAYLAND	
Date		Month		Day		Years		Months	
of death 1902		August		11		Age 59		9	
Sex		male		Color or Race		white		Birth-place	
								Leeds, England	
Married, Single or Widowed		married		Occupation					
Name of Wife or Husband		Ernelia Hendrickson Braithwaite							
Father's Name		Richard Braithwaite				Father's Birthplace		Leeds England	
Mother's Maiden Name		Tryphena Anne Ward				Mother's Birthplace		Leeds "	
Name of person giving information		Pearl F. Braithwaite				How related to deceased		Daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Paraphilia		How long		7 years	
Immediate		asphyxiation		How long		2 Hours	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		J. Fred Adams, M.D.	
				Address		120 South	
						Lommel Co. Ind.	



Roy Butler

Town

County

Worcester

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1907

8

11

Age

42

und

und

Male

White

Married

Widow

Divorced

~~Female~~

~~Colored~~

Single

Widower

Number of children living

Husband
of

Wife

Father's
Name

Rufus Butler

Mother's

Maiden Name

Sarah Presley

Cause of

Primary

General debility

How long sick

2 weeks

Death

Immediate

Accident, Suicide, Homicide

Reported by

151 J. H. M. M. M.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

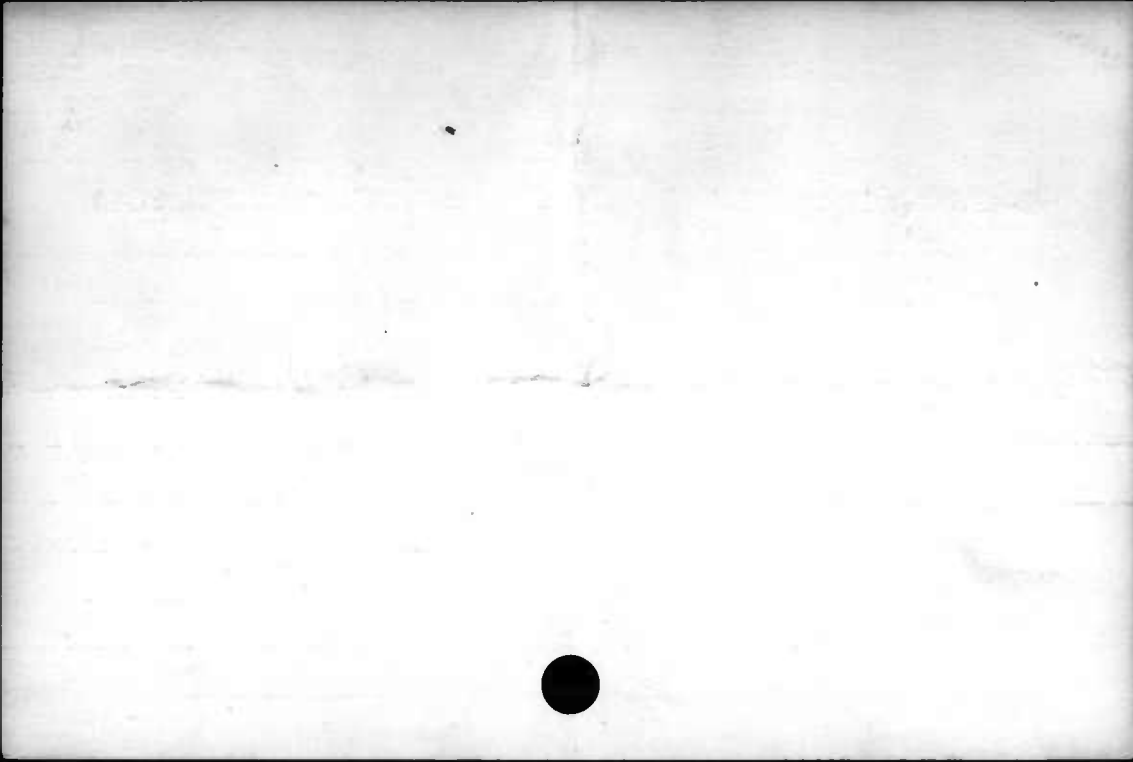
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Nassawadox</i> ^{Town}		<i>Worcester</i> ^{County}		MARYLAND	
Date of death 1902	Month <i>aug</i>	Day <i>2</i>	Age	Years	Months <i>16</i> Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Nassawadox</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Tom Carmine</i>			Father's Birthplace <i>Worcester Co</i>		
Mother's Maiden Name <i>India Pusey</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Tom Figg</i>			How related to deceased <i>—</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Emphysema</i>	How long <i>all its life</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Agnes L. Lumsden</i>
	Address <i>Providence, Ind</i>
Accident or Suicide?	



Elizabeth Ballins

Died at ^{Town} Stockton ^{County} Worcester

MARYLAND

Date 19 ^{Month} 02 ^{Day} 8 / 19 ^{Y.} Age 29 ^{M.} - ^{D.} - ^{Native of} Md ^{Occupation} Housewife

^{Female} ^{Colored} ^{Married} ^{Single} ^{Widow} ^{Number of children living} 3

Husband of John Ballins

Wife ^{Father's} ^{Mother's} ^{Name} ^{Maiden Name} Russell Wise Louisa Manuel

Cause of ^{Primary} ^{Death} ^{Immediate} Heart failure

^{How long sick} 10 months

^{Accident, Suicide, Homicide}

Reported by George H Rowley & Bro undertaker

Address Stockton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Died at Stockett Winchester MARYLAND
 Date 191902 Month May Day 31 Age 5 Y. 0 M. 0 D. 0 Native of WV Occupation —
~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ Widow ~~Divorced~~ Number of children living

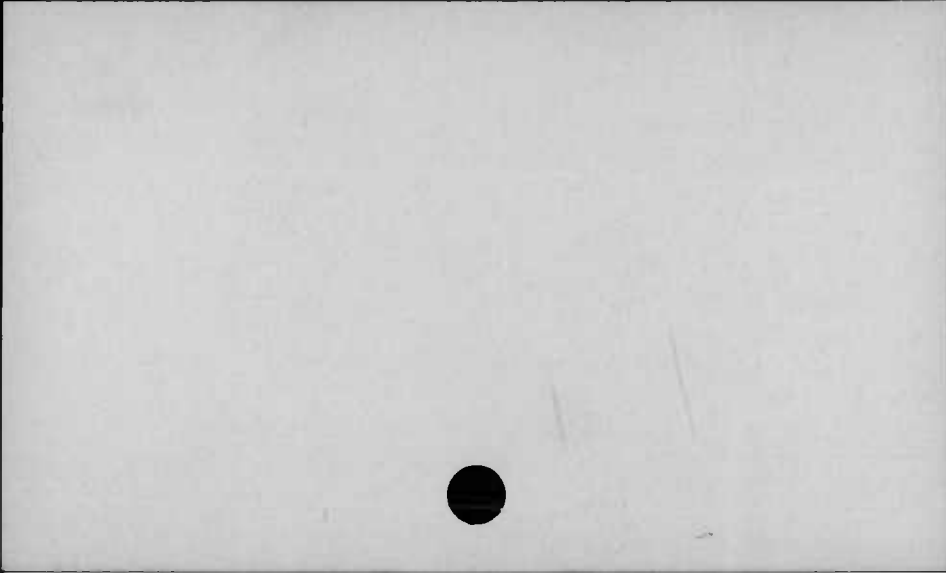
~~Husband~~ of
~~Wife~~

Father's Name Horace Dennis Mother's Name Nancy Fisher
 Maiden Name —

Cause of Death { Primary Still Born Immediate Still Born ⊙
How long sick
Accident, Suicide, Homicide

Reported by G. H. Kowly & Rev.
 Address Stockett Winchester Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Edward F Dickerson

Town

County

Died at Pocomoke

Worcester

MARYLAND

Date 1892 Month Aug Day 28 Y. " M. 3 Native of Maryland Occupation Infant

Male ~~Female~~ ~~Widow~~ ~~Widower~~ ~~Married~~ ~~Divorced~~ ~~Number of children living~~

Huband of
Wife

Father's Name Edward Dickerson Mother's Name Hattie Maddux

Cause of Death { Primary Diarrhoea Immediate

How long sick 2 weeks

Accident, Suicide, Homicide

Reported by F J Boston

Address Pocomoke Md



Pearl Ennis

Town

County

Worcester

MARYLAND

Died at

1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date

8

19

Age

21

md

housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

2

Husband

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Mother's

Name

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name
in
Full

Hortense Garland

CERTIFICATE OF DEATH

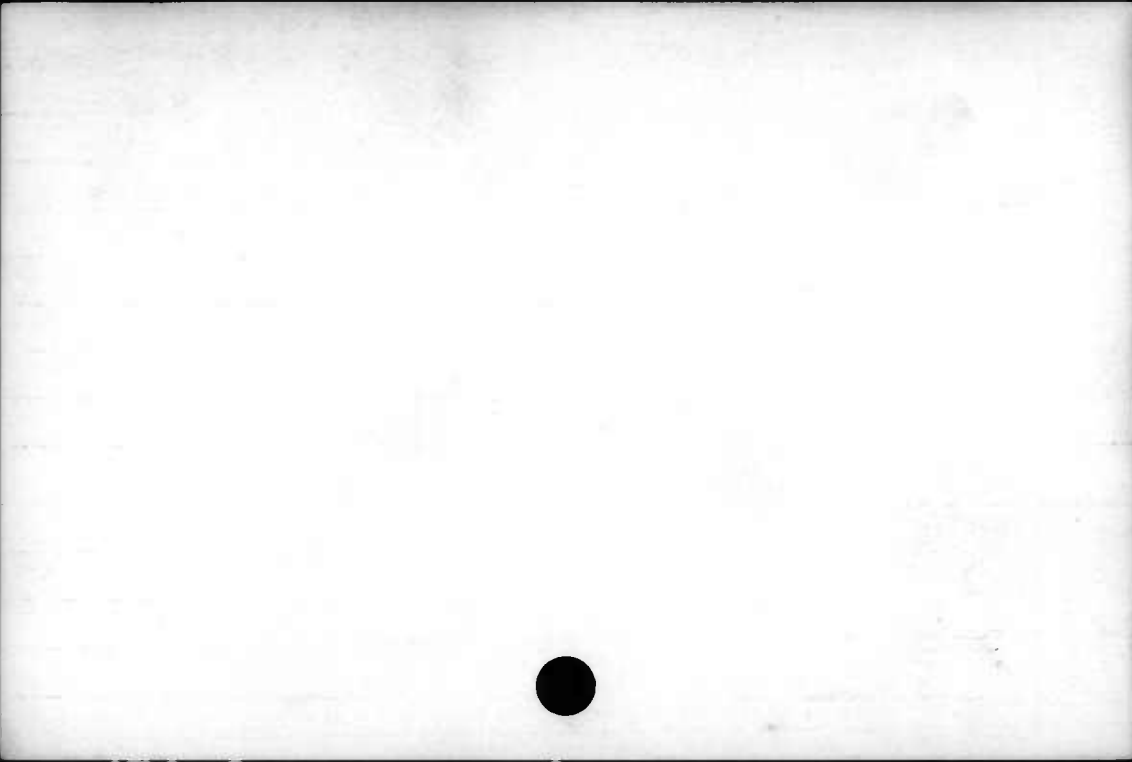
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Berlin</i> Town		County <i>Worcester</i>		MARYLAND	
Date of death 1902	Month <i>August</i>	Day <i>17</i>	Age <i>2 months</i>	Months	Days
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Berlin Md</i>	
Married, Single or Widowed			Occupation <i>—</i>		
Name of Wife or Husband <i>Mrs John Garland</i>					
Father's Name <i>John Garland</i>			Father's Birthplace <i>Worcester Co</i>		
Mother's Maiden Name <i>Susan Cropper</i>			Mother's Birthplace <i>Worcester Co</i>		
Name of person giving information <i>John Garland</i>			How related to deceased <i>Sister</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic indigestion</i>	How long <i>since birth</i>
Immediate <i>Insanition</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. W. Dickinson M.D.</i>
	Address <i>Berlin Md</i>
A Small <i>Small</i>	



Name
in
Full

Chas Hargis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Promoke city</i>		Town <i>Promoke city</i>		County <i>Worchester</i>		MARYLAND	
Date of death 190 <i>2</i>		Month <i>Aug</i>		Day <i>15</i>		Age <i>37</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Worchester Co</i>		Months	
Married , Single		Occupation					
Name of Wife or Husband							
Father's Name <i>Charles Hargis</i>				Father's Birthplace <i>Worchester Co</i>			
Mother's Maiden Name <i>Mary E. Hargis</i>				Mother's Birthplace <i>W</i>			
Name of person giving information <i>Ernest O. Hargis</i>				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Phthisis Pulmonacea</i>		How long <i>a year</i>	
Immediate <i>exhaustion</i>		How long <i>a few days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Saml S. Lunn</i>	
		Address <i>Promoke city, Md</i>	
Accident or Suicide?			



Mary A. Livingston

near ^{Town} Snow Hill ^{County} Worcester MARYLAND

Date 1902 8-14 Age 30-0-2 Maryland Occupation —
 Race White Sex Female Marital Status Married Number of children living 2

Wife of George Livingston
 Father's Name — Parson's Mother's Name Mary A. Parsons

Cause of Death Primary Phthisis Pulmonalis How long sick 6 months
 Immediate General debility and Chronic Gastritis

Reported by J. H. S. Byrd, M.D.
 Address Snow Hill Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Katie Halland

Town

County

Died at Near Pawmoke city Worcester

MARYLAND

Date 1902 Aug 19th Age 7 Y. M. D. Native of Worcester Occupation *Infant*

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single Widower Number of children living

Husband of —

Wife

Father's Name Harry Halland Mother's Maiden Name Harriet Cottoningham

Cause of Death { Primary Whooping Cough How long sick 4 weeks

Immediate Exhaustion from Acute Indigestion Accident, Suicide, Homicide

Reported by Paul J. [Signature]

Address Pawmoke city Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Katie Jarvis

CERTIFICATE OF DEATH

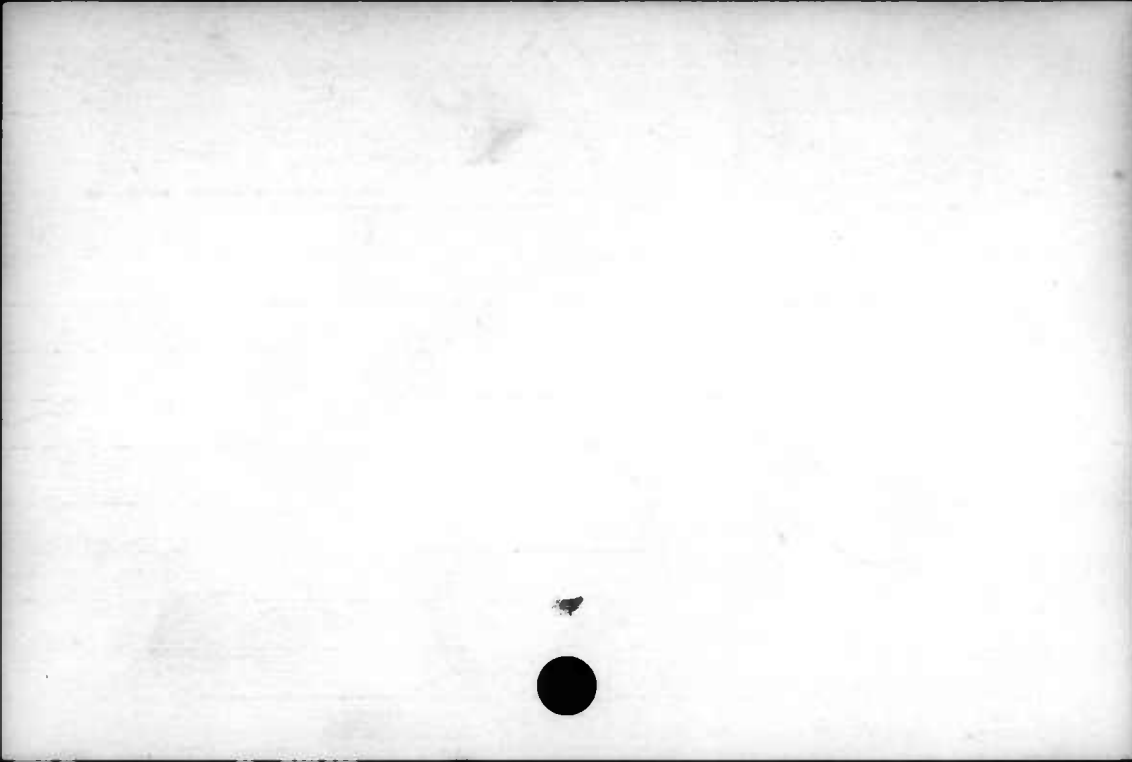
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Berlin</u> <small>Town</small>			<u>Uncester</u> <small>County</small>			MARYLAND	
Date of death 190 <u>2</u> <u>Aug</u> <small>Month</small>		<u>6</u> <small>Day</small>	Age <u>19</u> <small>Years</small>		<u>X</u> <small>Months</small>	<u>X</u> <small>Days</small>	
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Berlin Md</u>			
Married, Single or Widowed <u>Single</u>			Occupation <u>Sewing & Ironing Work</u>				
Name of Wife or Husband <u>X</u>							
Father's Name <u>Cyrus W Jarvis</u>				Father's Birthplace <u>Berlin</u>			
Mother's Maiden Name <u>Kate Burbank</u>				Mother's Birthplace <u>Berlin</u>			
Name of person giving information <u>E J Dirickson MD</u>				How related to deceased <u>Physician</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pericere Malaria</u> <u>X</u>		How long <u>6 days</u>
Immediate <u>Cerebral Meningitis</u>		How long <u>two days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>E J Dirickson MD</u>
		Address <u>Berlin Md</u>
Accident or Suicide? <u>X</u>		



Name in Full

Certificate of Death

Major Wilson Jones

Died at *Burnetts mill* Town *Worcester* County *MARYLAND*

Date 1902 *August 30th* Month *August* Day *30th* Y. *85* M. *3* D. *1* Native of *Maryland* Occupation *Farmer*

Male *White* Married *Widow* Divorced *Widow* Number of children living *Four*

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~

Husband of
Wife

Father's Name *Moses Jones* Mother's Maiden Name *Sallie Jones*

Cause of Death { Primary *Old age* Immediate *Heart failure* } How long sick *12 months*

15th ~~Accident, Suicide, Homicide~~

Reported by

Address

John H. Adair M.D.
Brown Hill Md.
and Ephraim Hillman

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Ann Maria King
 Town _____ County _____

Died at *Bishopville* *Marion*

MARYLAND

Date 19 *02* Month *Aug* Day *29* Y. M. D. Age *62* Native of *Maryland* Occupation *milliner*
 Male ☒ White ☒ Married ☒ Widow ☒ Divorced ☒
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living *5*

Husband of *John King*
 Wife *John King*
 Father's Name *Charles Collins* Mother's Maiden Name *Charlotte Collins*

Cause of Death { Primary *Heart Disease* How long sick *79*
 Immediate *yes* *79* *Acute death*
 Accident, Suicide, Homicide

Reported by *Dr. Hollis T. Collins* *By Bayou*Address *Bishopville Md* *Bishopville*Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. *Ans*



Name in Full

Certificate of Death

Martha Sayfield

Town

County

MARYLAND

Died at *St. Lukes* *Worcester*

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902 *Aug. 14* Age *16* *Worcester*

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~~~Number of children living~~Husband
of

Wife

Father's Name *John S. Sayfield* Mother's Maiden Name *Martha Brown*

Cause of Death	Primary	<i>Typhoid Fever</i>	How long sick	<i>10 days</i>
	Immediate	<i>Toxaemia, Heart failure</i>	Accident, Suicide, Homicide	

Reported by *Louis W. Monroe M.D.*

Address *Calverly*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Ernest McDaniel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Long Bridge</i>		Town <i>Worcester</i>		County		MARYLAND	
Date of death 1902		Month <i>Aug.</i>	Day <i>24th</i>	Years <i>20</i>	Months	Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>Farmer</i>					
Name of Wife or Husband							
Father's Name <i>Peter McDaniel</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Esther McGrath</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Geo. C. Hill</i>				How related to deceased <i>Undertaker</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate <i>Said to be Typhoid Fever</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			

Dr. Long at Allen Md. attended
the Decd. but I had no means of
getting certificate from him

Geo. C. Hill

Name
in
Full

Unknown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Berlins		County Homeslee		MARYLAND	
Date of death 190		Month 2	Day 8	Age	Years	Months 5	Days
Sex Girl		Color or Race African		Birth- place Berlins			
Married, Single or Widowed		—		Occupation			
Name of Wife or Husband		—					
Father's Name		Nemas Mellegor		Father's Birthplace		Unknown	
Mother's Maiden Name		I do not know		Mother's Birthplace			
Name of person giving Information		Chas Redner		How related to deceased		None	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Diarrhea. I only saw the patient once in my office 2 weeks ago.	
Immediate	Are the name, age, sex, color, date and place correctly given above?	
	I do not know	
Address	The Holland Berlins Md	
Accident or Suicide?	Know	



Name In Full

Certificate of Death

Martha Martin

Town

County

Died at

Stockton

Worcester

MARYLAND

Date 19

02

Month

Day

Aug 31

Age

22

Y.

M.

D.

Native of

NEW

Occupation

servant

Female

Colored

Single

Widower

Number of children living 1

~~Husband~~ of~~Wife~~

Father's

Name

George Martin

Mother's

Maiden Name

Nellie Manual

Cause of

Primary

Tuberculosis

How long sick

6 months

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

Jno D Dickerson M.D.

Address

Stockton

Worcester Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Infant

Town

County

MARYLAND

Died at

Burling

Worcester

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

8

1

Age

Worcester

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

W. E. Miller

Mother's

Maiden Name

Cause of

Primary

Unknown

How long sick

179

Death

Immediate

Accident, Suicide, Homicide

Reported by

J. E. Miller & Son
Burling
Md

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75878



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Rempson</i>		County <i>Dorchester</i>		MARYLAND	
Date of death 1902	Month <i>August</i>	Day <i>20</i>	Age <i>89</i>	Years <i>7</i>	Months
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>			
Married, Single or Widowed <i>Widower</i>		Occupation <i>Farmer</i>			
Name of Wife or Husband <i>Nancy Payne</i>					
Father's Name <i>Joshua Payne</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Patty Aydelott</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Eugene Payne</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Old age 154</i>	How long	<i>of one or two months</i>
Immediate		How long	
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician <i>None in attendance</i>	
		Address	
Accident or Suicide?			



Name in Full

Infant

Certificate of Death

Died at

Town
Big Mills

County

Worcester

MARYLAND

Date 1902

Month Day
Aug 24

Y.

M.

D.

Age

21

Native of

Md

Occupation

—

Male

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Married~~

Single

~~Widow~~

Number of children living

Husband
of
Wife

Father's

Name

Merrin Payne

Mother's

Maiden Name

Ella Tatman

Cause of

Primary

How long sick

Death

Immediate

Heart failure

Accident, Suicide, Homicide

Reported by

Hancock & Smack

Address

Stoughton

151

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

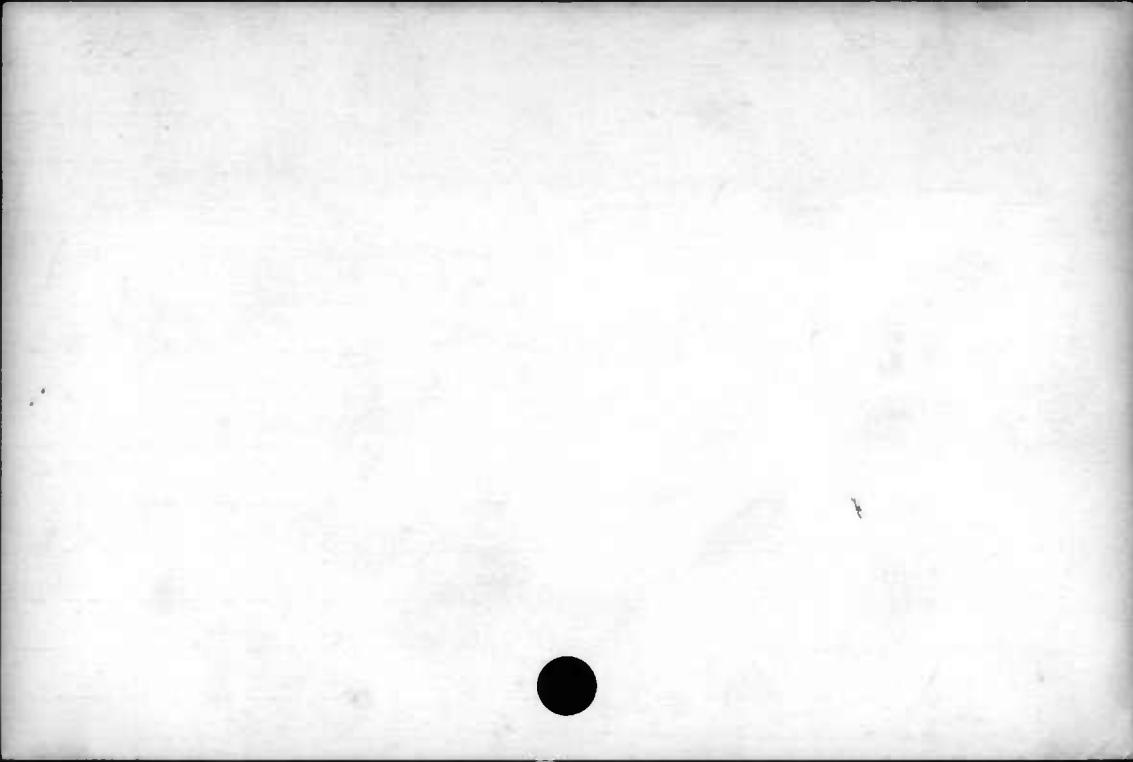
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Elijah Purnell</i>		County <i>Harcesler</i>		State <i>MARYLAND</i>	
Died at <i>Berlin</i>		Month <i>8</i>		Day <i>9</i>	
Date of death 190 <i>2</i>		Age <i>29</i>		Months <i>2</i>	
Sex <i>Male</i>		Color or Race <i>African</i>		Birth-place <i>Berlin</i>	
Married, Single or Widowed <i>Single</i>		Occupation <i>Laborer</i>			
Name of Wife or Husband					
Father's Name <i>Moses Purnell</i>			Father's Birthplace <i>Berlin</i>		
Mother's Maiden Name <i>Lan Dirickson</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Maggie Hudson</i>			How related to deceased <i>Sister</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Phthisis Florida</i>	How long	<i>2 mos</i>
Immediate	<i>Hegit Jaundice</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Ebe Holland</i>	
		Address <i>Berlin Md</i>	
Accident or Suicide		<i>Natural</i>	



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

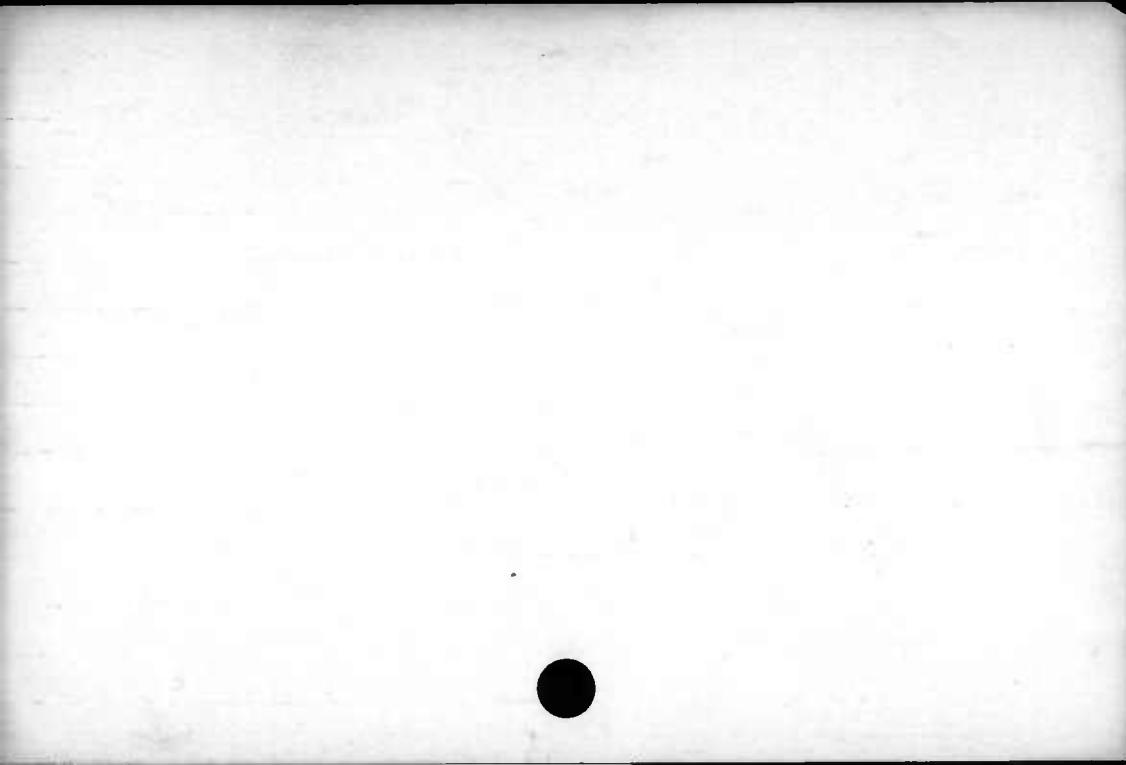
PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Name <i>John R. Curmell</i>		Town <i>Berlin</i>		County <i>Worcester</i>		State <i>MARYLAND</i>	
Date of death 190 <i>2</i>		Month <i>8</i>		Day <i>3</i>		Age Years <i>70</i> Months <i>-</i> Days <i>-</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>		Occupation <i>Retired</i>	
Married, <i>Married</i>		Name of Wife or Husband <i>Margaret Stephenson</i>					
Father's Name		Father's Birthplace <i> Md</i>				Mother's Maiden Name	
Mother's Maiden Name		Mother's Birthplace <i>"</i>				Name of person giving information <i>Her Whaley</i>	
Name of person giving information		How related to deceased <i>Son in law</i>					

CAUSES OF DEATH

Primary <i>Heart-failure</i>		How long <i>179</i>		How long <i>Six weeks</i>	
Immediate					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr E L Dinckers</i>			
		Address <i>Berlin</i>			
Accident or Suicide?		<i>Eud</i>			



Died at Stockton ^{Town} Morristown ^{County} MARYLAND
 Date 1902 ^{Month} 8 ^{Day} 13 | ^{Y.} still born ^{M.} ma ^{D.} Infant | ^{Native of} 8 ^{Occupation}
 Male Female | Colored | Single | Widow | Number of children living
 Husband of _____
 Wife _____
 Father's Name James S. Purnell | Mother's Name Esther Purnell
 Cause of Death { ^{Primary} still born | ^{How long sick} _____
 { ^{Immediate} _____ | ^{Accident, Suicide, Homicide} _____
 Reported by Ans H. Rowley & Bro
 Address _____



Name in Full

Certificate of Death

Roder - Esham

Town

County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19th

8 -

9

Age 2 -

7 -

Male

White

~~Married~~~~Widow~~

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

6 months

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808



Name In Full

Certificate of Death

Mary Howell

Town

County

MARYLAND

Died at

Campbell

Worcester

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

8

6

Age

52

Worcester

Housewife

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

4

Husband of

Thos Howell

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Paralysis

How long sick

19 Mos.

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

Jm Posley

Address

Campbell

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895



Name in Full

Certificate of Death

Mary E Smack

Town

County

Died at

MARYLAND

Month

Day

M.

D.

Native of

Occupation

Date 1902

8-20

Age

34-4-

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

3

Husband of

Wife

Father's

Name

Mother's

~~Maiden~~ Name

Cause of

Primary

How long sick

18 months

Death

Immediate

Consumption

~~Accident, Suicide, Homicide~~

Reported by

W. P. Heame

Address

Snow Hill Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75605



Name In Full

Certificate of Death

Amy Smallwood

Town

County

Died at

Parkersburg

Worcester

C

MARYLAND

Date 19

02

Month

Day

8 17

Age

66

Y.

M.

D.

Native of

Occupation

Worcester Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

5

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

How long sick

2 Wks

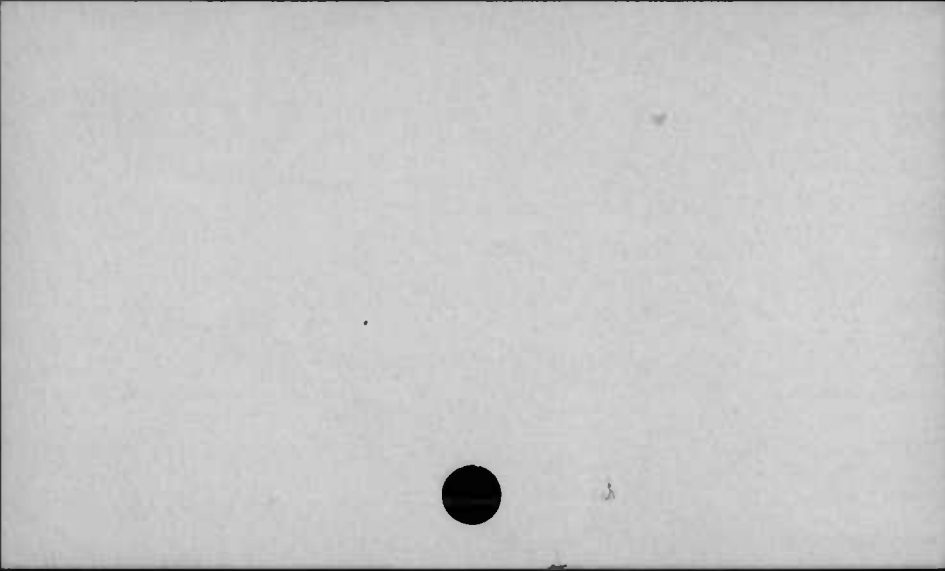
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79998



Name In Full

Certificate of Death

James Spencer

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

8-3

Age 62-2

Male

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

5

Husband

of

~~Wife~~

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Cancer

How long sick

45 1 year

Death

Immediate

exhaustion

~~Accident, Suicide, Homicide~~

Reported by

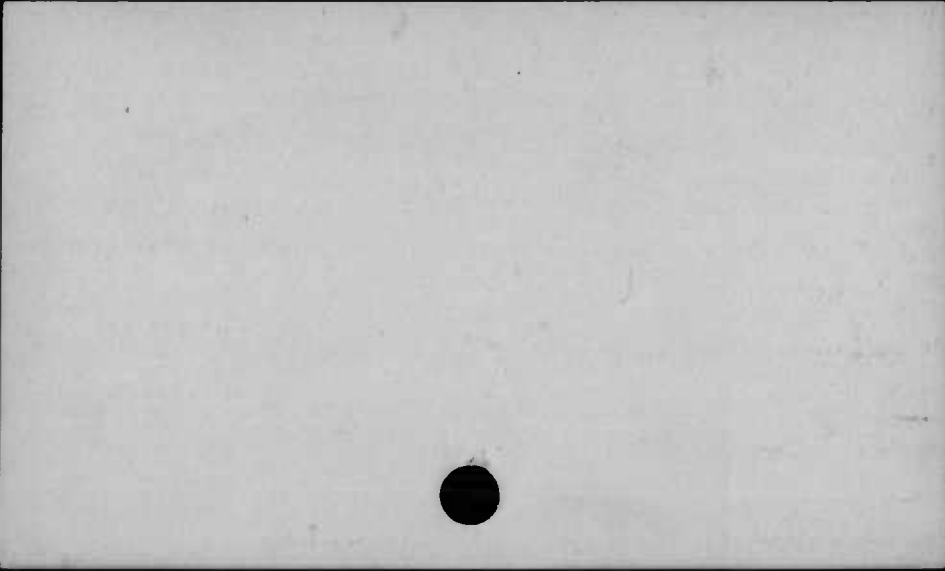
J. H. Weaver S. D.

Address

Snow Hill Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76698



Name
in
Full

CERTIFICATE OF DEATH

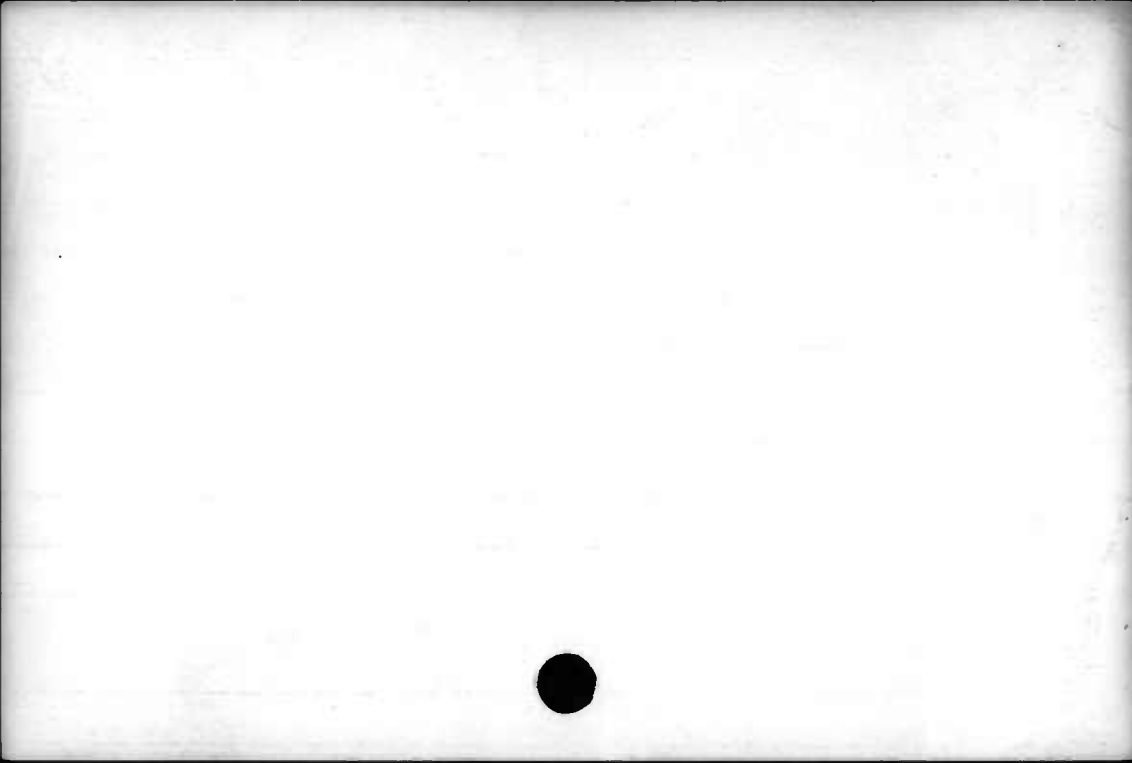
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Snow Hill</i> Town		<i>Worcester</i> County		MARYLAND	
Date of death 190 <i>2</i>	Month <i>8</i>	Day <i>11</i>	Age <i>1</i>	Years <i>0</i>	Months <i>0</i>
Sex <i>Boy</i>		Color or Race <i>White</i>		Birth-place <i>Snow Hill</i>	
Married, Single or Widowed <i>Single</i>			Occupation <i>none</i>		
Name of Wife or Husband <i>None</i>					
Father's Name <i>Wm E Parnell</i>			Father's Birthplace <i>Snow Hill</i>		
Mother's Maiden Name <i>Parnell</i>			Mother's Birthplace <i>Howard</i>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>D</i>	How long
Immediate	<i>Dead borned</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. Paul Jones</i>	
	Address <i>Snow Hill Md</i>	
Accident or Suicide?		



Name
in
Full

George Lindell child

CERTIFICATE OF DEATH

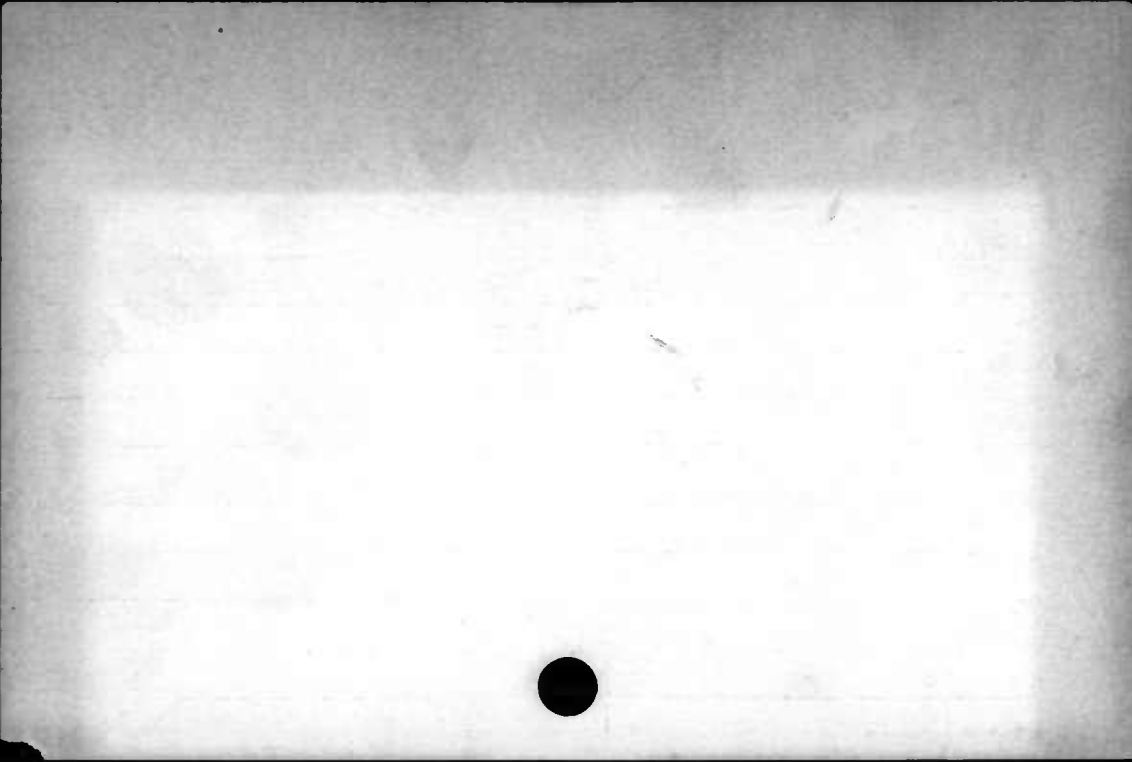
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Berlin</i> ^{Town}		<i>unincorporated</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Apr</i>	Day <i>19</i>	Age	Years	Months
				Days <i>21</i>	
Sex		Color or Race		Birth-place	
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name <i>Louise Miller</i>			Mother's Birthplace <i>Berlin</i>		
Name of person giving information <i>George Lindell</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>no Doctor in attendance</i>	How long	<i>51</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address <i>Geo. Lindell (reported)</i>	
		<i>Berlin, Md.</i>	
Accident or Suicide?			



infant no name)

Died at Cedar Point Worcester MARYLAND

Date 1902	Month 8	Day 26	Y.	M.	D.	Native of	Occupation
Male	White	Married					
Female	Colored	Single					

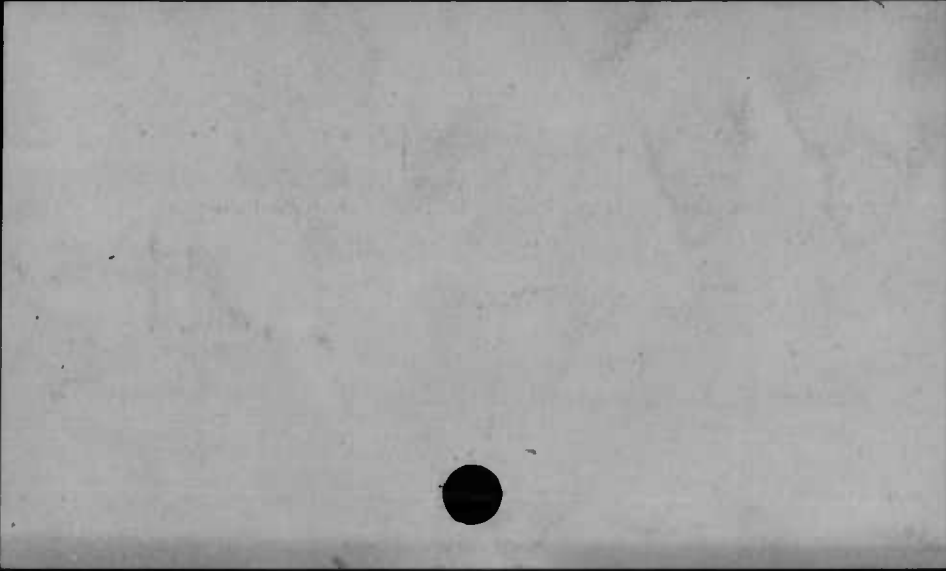
Husband of					
Wife					

Father's Name	Thos F Prades	Mother's Maiden Name	Gertie E Prades
---------------	---------------	----------------------	-----------------

Cause of	Primary	How long sick	3 days
Death	Immediate	Accident, Suicide, Homicide	

Reported by W. P. Hearn 151Address Smith St. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

William White

Town

County

Died at

Snow Hill Worcester

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

22

8 - 8

Age

68

-

-

~~Male~~~~White~~~~Married~~

Widow

~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Geo Porter

Mother's

Maiden Name

Rhoda Johnson

Cause of

Primary

How long sick

1 yr

Death

Immediate

Tumor

~~Accident, Suicide, Homicide~~

Reported by

W. P. Hearn

Address

Snow Hill

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70664

Chas. H. Mott

March 18, 1894

Mary E. Wilson

Town

County

Died at

Pocomoke

Worcester

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

8

19

Age

8 20

Baltimore

Infant

~~Male~~~~White~~~~Married~~

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wesley Wilson

Wife

Mary E. Waples

Father's

Name

Wesley Wilson

Mother's

Maiden Name

Mary Mills

Cause of

Primary

How long sick

10 days

Death

Immediate

Dysentery

Accident, Suicide, Homicide

Reported by

B. J. O. Smith

14

Address

Pocomoke Rd

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

